# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82-8)
County Jarrett	Registration Dist. No. 169
Village or City North Hode /w	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Irumae	O Section WAR
(a) Residence: No. North (Usual place of abode)	St, Ward.  If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward) Wille	21. DATE OF DEATH Oct, 15 193 7 (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Augusta Steeding Beokmas	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Upril 3, 1862	, I last saw h_fees alive on
7. AGE Years Months Days II LESS than	
75 6 12 1day,h	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerrana Em ho branc
10. Dete deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
1 771	
13. NAME The date The Remain 14. BIRTHPLACE (city or town) Sevanton	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME Lauisa O'Biece  16. BIRTHPLACE (city or town). Accident  (State or country) Many Control  17. INFORMANT August  (Address)	23. If deeth wes due to externel causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURTO CREMATION, OR CHINEVAL Que 10-17-19	Menner of Injury
19. UNDERTAKER Other F. Sharpless (Address)	24. Was diseese or injury In any way releted to occupation of deceased?
20. FILEO Och 15., 1937 Mm. C. C. Da fly Registrar.	(Signed) (Address) Oarland m. D

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis Q	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS PERMANENT RECORD Exact BINDING Ε classified FOR MARGIN RESERVED THIS be plnods carefully

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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH County Garrett Registration Dist. No. Oakland, Md. Village pr City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_\_\_\_yrs.\_\_\_ How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME Sarah If U. S. Veteran, specify WAR\_\_\_\_ (a) Residence: No. (Usual place of If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) Female White Vidow (Day) (Month) 5a. If married, widowed, or divorced HUSBAND of RTIEY. That I attended deceased from (or) WIFE of DeCorsey Emroy Bolden. 6. DATE OF BIRTH (month, day, and year) September 20th, 1854 certificate. properly to have occurred on the date stated above, at 2:20 m P 7. AGE Years Months Davs If LESS than 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation \_ instructions 08 12. BIRTHPLACE (city or town) West Virginia. (State or country) FATHER - Nicholas Roth. See Germany. 14. BIRTHPLACE (city or town) Neme of operation\_\_\_\_ (Stete or country) What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?. MOTHER Phoebe Hess. important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Germany. OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Edith Bolden Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. very Oakland. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S CAUSE Plece Oakland Cemeteryate Nov. 2d, 193 LION Nature of injury\_\_\_\_ Prentiss Watson. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER \_\_\_ (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 Jan			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones V. 3	May 1,1923	Gastroenteritis	1 year

V. S. No. I

10948

1. PLACE OF DEATH	500	
County yarett	Registration Dist. No. 17/	
Village or City grontanelle Stor Rom	₹ No. St., !	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	ds.
	/If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIFORCED (write the word)	21. DATE OF DEATH Oct. 26 1937	
5a. If married, widowed, or divorced	(Month) (Day) (Yea	
(or) WIFE of Marey Ellen Berkhold	22. I HEREBY CERTIFY, That I attended deceased  Cof /2 1937 to Oct 26 19	from
6. DATE OF BIRTH (month, day, and year) Sept 20 - 1854	I last saw hair alive on Oct. 20, 1937; death I	s said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 436 Fm.	
83     E   1 uay,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the same (years)) the same (years)	Casemana of Prostate 19:	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc		
this occupation (month and spant in this occupation occupation		~~~~
12. BIRTHPLACE (city or town) AA A	Other Cautributory Causes of Importance:	
(State or country)		
13. NAME Juhn Berfeholder  14. BIRTHPLACE (city or town) Child		
14. BIRTHPLACE (city or town) Child	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?_	<u>~</u>
15. MAIDEN NAME Lydia Billinger  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19_	
De Hand Ditte	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Western Williams Class	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Cemetery	Manner of Injury	
Place Burkhuldy Oate 0 - 28 ,1927	Nature of Injury	
19. UNDERTAKER ON Mintuly	24. Was disease or Injury In any way related to occupation of deceased?	*
(Address) youtricle I dld	If so, specify 2ff	
20. FILED C. 21, 1937 Pa-Emory	(Signed)	_M. O.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Marketi V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact\* statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE  1. PLACE OF DEATH	OF MARYL	AND—	CERTIFICATE OF DEATH	4
County 4a	with		Registration Dist. No.	7.
	man Is	ud.	No.	Was
		(If	death occurred in a horpital or institution, give its NAME instead of street and number)	War
Length of residence in city or town w	here death occurredyr	smos.		d:
2. FULL NAME	eorge Wil	bes B	ullo If U.S. Veteran specify WAR	
(a) Residence: No.	ordan 7	nd,	St., Ward.	
	(Usual place of about		If nonsesident give city or town and State	
PERSONAL AND STAT	-		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACI	5. SINGLE, MARRIED, OR DIVORCED (write		21. DATE OF DEATH COST. 844	,
male Winte	Singl	_	(Month) (Day) (Ye	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased	d fro
Marian Company of the	C 41	10.00	OP1 1937, to Ceet 862, 19	3.2
5. DATE OF BIRTH (month, day, and year)		1931	I last saw have alive on Oak 7 7 death	is sal
7. AGE Years Month		f LESS than ay,hrs.	to have occurred on the date stated above, at	
	/ / O or	min.	were as follows:	fonse
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	· Zrone			
9. Industry or business in which	******************		ceers infection of Se	ple
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	******		Dimelle 21	7/7
10. Date deceased last worked at this occupation (month and year)	11. Total time (ye spent in the occupation	nis		
e,	7-100-		Other Contributory Causes of Importance:	
(State or country)	rett Co mo	₹.		
13. NAME 1804 1. K	Butta			
13. NAME  14. BIRTHPLACE (city of town)	Barneyen 7	N.Va.	Variable and the second	
(State or country)	lineral Co		Name of operation Date of	
15. MAIDEN NAME Accion	18. Vann		What test confirmed diagnosis?	
	1: 7	6	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town).	ra	- Adding	Accident, suicide, or homicide?, 19. Where did injury occur?, 19.	
19m, (1)	v tto		(Specify city or town, county and State)	
(Address)	ma an i a	11-910	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR RENOVAL	, (	1000	Manner of injury	
Place Gross n	Va Date 10-10	,1937	Nature of injury	
John Grub. De	Man Bat	in		>
(9. UNDERTAKER (Address)	7/17/0-	7	24. Was disease or injury in any way related to occupation of deceased?	
No+9 27	1 - on 9	L	(Signed) (U. G. Dhistwaler)	64
20. FILED 4. 51. 19.2.1.	ucrama III.	Registrar.	(Address) I o manie, Wive	_ IVI. I
If	more blanks are needed, address	State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1000	July 5,1927	Perilonitis	3 days ago	
SURFAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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RESERVED ARGIN

S. No. 1

OCCUPA-RECORD. Every item statement PHYSICIAN Exact CIL classified. 国 certificate. properly may back plnous instructions plain terms, See should be carefully important. DEATH Very OF. CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Registration Dist. N Village or City Mt. Lake (If death occurred in a hospital or institution, give its NAME instead of street and number) \_mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. Length of residence in city or town where death occurred. 2. FULL NAME Sarina Minard If U. S. Veteran, specify WAR (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (regite the word) October Female White (Month) 5a. If married, widowed, or divorced HUSBANO of Elwood Cooper CERTIFY, That I attanded daceasad from (or) WIFE of Feb. 15. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day .\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of enset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 10. Oate deceased last worked at 11. Totel time (years) this occupation (month and spent in this 4 occupation yr 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME Margaret 23. If death was due to externel causes (VIOL ENCE) fill in also tha following: 16. BIRTHPLACE (city or town) Taylor (Stete or country) (Specify city or town, county and State) Minard Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury Herber Leighton 19. UNDERTAKER 24. Was disease or injury in any way ralated to occupation of deceased? (Address) Registrar. (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Yaar)

Data of onfet

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT REC

V. S. No. 1

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be þe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10951
1. PLACE OF DEATH	93
County Land	Registration Dist. No. 162
Village or City Toothang PDN.	No.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clefton Durch	
(a) Residence; No.	St., : ' Ward. :
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
m or DIVORCED (writishe word)	21. DATE OF DEATH / 0 // 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 3 - 1911	A STATE OF THE STA
7. AGE Years Months Days If LESS than	I last saw h alive on 0 , 19 27 _; death Is said to have occurred on the date stated above, at 2 19 27 _;
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  alute Endoughtis  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	8-75-37
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
II 13. NAME unknown	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
16. MAIDEN NAME Ca Sunt Cg.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State of country) mac	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT Um Juguer (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 171 1 Date 00 13, 1937	Nature of injury
19. UNDERTAKER Land was	24. Was disease or injury in any way related to occupation of deceased?
(Address) I I roothing md.	If so, specify
20. FILED Oct - 12, 19 37 6 74 Pill	(Signed) W- alfred V for dema M.D.
Registrar.	(Address) Unstellard, md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1931	Yuly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Jo u	plno	000	
iten	sh	Jo	
very	ANS	nent	
D. E	SICI	ater	
<u> </u>	HX	t st	
Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	II in plain terms, so that it may be properly classified. Exact statement of OCCUF	
ENT	LLY	ed.	
AN	A C	ssifi	
RM	X	cla	*
PE	d F	erly	icate
IS A	state	rop	ertif
IIS	be s	be 1	of c
T.	plu	lay	ack
NK-	sho	it n	q u
G I	GE	hat	us o
DIN	٧.	so t	etio
(FA	lied	ms,	ıstrı
in in	ddns	1 ter	ortant. See instructions on back of certificate.
ITH	lly	plain	SQ.
M	refu	i.	tant
×	ca	H	Or

STATE OF MARYLAND—CERTIFICATE OF DEATH or-1. PLACE OF, DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 7 vrs.....ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR, (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Deys If LESS than 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or .... min. 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Date deceased last worked et 11. Totel time (years) this occupation (month and spent in this occupetion. 12. BJRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Wes there en eutopsy? MOTHER 15. MAIOEN NAME 23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or polintry) CAUSE OF DEAT very imp should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT C (Address) 18. BURIAL, CREMATION, OR REMO WRITE Menner of Injury rion is mation Neture of Injury. 24. Wes diseese or injury In any way related to occupetion of deceased? 19. UNOERTAKER (Address) If so, specify Registrar. (Address) - Formu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I Market L	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

	County	dans	N <sub>+</sub>	- : (1)	7	Registration Dist. No.	62
	Village or C	City /	auls	uille,	uch.	No. S f death occurred in a hospital or institution, give its NAME instead of stree	t.,W
	Length of resi	Idence in city of	r town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrs	mos
:	2. FULL NA (a) Residen		Gre	mag utsud (Usual place	e of abode)	St., Ward.  If nonresident give city or tow	n and State
	PERSON	AL AND	STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	
	SEX	4. COLOR C	/	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193.7 (Year)
5a.	If married, widow HUSBAND of	red, or divorced				22. I HEREBY CERT1FY, That I atte	anded decreed
_	(or) WIFE of					, 19, to	
6.	DATE OF BIRTH (	(month, day, an	d year) /	0-20	-37	I last saw h, 19	
7.	AGE Yea	ırs	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
					orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of o
LON	8. Trade, profes	ssion, or partic work done, as : , BOOKKEEPER	ular SPINNER,			2	
ATE	9. Industry or	business in wh	ich			C <sub>4</sub>	
CUBA	work was SAW MIL	s done, as SILK L, BANK, etc.	MILL,				
000	10. Date decease		at /	11. Total	tima (years) ent in this		
_	year)				supation		
12.	BIRTHPLACE (cit	ty or town)/_	Fraul	wille,	Teel.	Other Cuntributory Causes of Importance:	
~	(State or coun		-	10			
HER	13. NAME ON	eniel e	N.74	ereliber	ger:		
FATHER	14. BIRTHPLACE		than	itsville	net.	Name of operation Date	of
	(State or	- 0	1 -	7		What test confirmed diagnosis? Was ther	e an autopsy?
HE	15. MAIDEN NA	ME Juil	w.m	· maje	well	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE		ver	on, 4	14:	Accident, suicide, or homicide? Date of injury_	, 19
_	(State or					Where did injury occur? (Specify city or town, county an	d State)
17.	THE CHIMITHE22	Mrs. D		N. Herol	therger.	(Specify city or town, county an Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18	BURIAL CREMAT	Jan OR REM		uch	1		
	Place the	intervil	le mo	Date 10	-20 1937	Manner of injury	
					, 107	Neture of injury	
	UNDERTAKER					24. Was disease or injury In any way related to occupation of decease	d?
19.							
	(Address)			0	166	If sc, specify (Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	13	Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 3 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.—WRITE PE

ż

V. S. No. 1

1. PLACE OF DEATH	(83.5)
County Suffett	Registration Dist. No. 168
Village or City MISN Fluidle	No. St., Ward  "death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	death occurred in a no-pital of institution, give is 14-14-12. Instead of site and institution, give is 14-14-12. Instead of site and institution, distribution of the site of
2. FULL NAME TOHN - MEES	F
(a) Residence: No.	St Ward.
(a) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (ruprice the word)	21. DATE OF DEATH  Oct 19  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annu Mee	22. I HEREBY CERTIFY, That I attended daceased from  O.f. 19, 19.37, to O.f. 19, 19.37.  I last saw h and alive on O.f. 19, 19.37; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days 1 f LESS than 1 day,hrs. 0 ormin.	to have occurred on the date stated above, at 10:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Oct 7.37(2)
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Granessis out 4110
11. Total time (years) this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
1 /420004 - 0	
13. NAME (State or country)	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Clinical Was there an au'opsy? Mo
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT . MARGING MARGING (Address)	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Seleville Date 0 et 22., 1937.	Manner of injury
19. UNDERTAKER And Stresselle Fr. (Addiess)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
20 FILED OCT 1, 190 ) Thomas Charles	(Address) Salashury, P.J.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1 -		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	,	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

fon their

# STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECERD. Every Exact statement classified. certificate. properly AGE should be pe See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. WRITE PL

MARGIN RESERVED FOR BINDING

1	L PLACE OF DEAT	гн	1717 (1)		——————————————————————————————————————
	County Garre	ett			Registration Dist. No. 166
1	Village or City Q	akland.	Marvla	nd.	No. St. Ward
	Langth of rasidance In cit			(It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME Ca	rlton R.	Reams		If U. S. Veteran, specify WAR
	(a) Residence: No	Oakla	nd. Md		St., Ward.
_	DEDCONAL AND	0.6747:67:6	(Usual place		If nonresident give city or town and State
3.	PERSONAL AN			RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
M	ale Wh	ite		D (write the word)	October, 29, 1937, 193 (Month) (Oay) (Year)
	If marriad, widowed, or divol HUSBANO of Or WFF of Bliss		Reams	The state of the s	22. I HEREBY CERTIFY, Thet I attanded daceasad from
	DATE OF BIRTH (month, day	Ma	y, 25,	1917	I last saw h elive on, 19, 19, 19; daath is said
	AGE Years	Months	Oays	If LESS than	to have occurred on the data stated above, atm.
	20	6	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wara as follows:
	8. Trede, profession, or particular kind of work done, as SPINNER, Farmer. SAWYER, BOOKKEEPER, atc.				Drowned in Youghiogheny River
PATION					October, 29, 1937
UPA	9. Industry or business in work was dona, as S	ILK MILL,			Body recovered on November, 10-193
0	SAW MILL, BANK, a 10. Oate deceased last wor	kad et	II. Total t	ima (yaars) ntin this	No inquest necessary, body viewed
0	this occupation (mor	nth end	sper occi	nt in this rpation	by State Attorney accidental custor
12	BIRTHPLACE (city or town)	Swallow :	Falls I	Id.	Other Contributory Causes of importance:  A Loat was insolved also asside with a com-
	(Stata or country)	Garrett	Co.,		Janion, went out in a small bout to check of on the
ER	13. NAME Oliver	Bliss R	eams.		trape set along the river lanks during a ferial of
FATHER	14. BIRTHPLACE (city or to	wn) Swall	ow Fal	ls Md.	Name of operation rang high sector. Octo of
-	(Stata or country)	Garr	ett Cou	unty	What tast confirmed diagnosis?
MOTHER	15. MAIOEN NAME GTE				23. If deeth was dua to external causes (VIOL ENCE) fill In elso tha following:
HOT	16. BIRTHPLACE (city or to	wn) Swallo	w Falls	s Md.	Accident, sulcide, or homicide? _ Qs. s. de.t. Oata of injury Ost 29,, 1927
	(State or country)		rrett (		Whara did injury occur? in Gazehing Leny River Boarett Sen note.  (Specify city or town, county and State)
	INFORMANT Neal (Addrass) Oakla	and. Md.	y-State	es Attorn	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR R Urner -Sines	emoyal Semete:	roate 11-	L2- ,1937	Menner of injury Age water broke the boot sate pieces.
19.	UNOERTAKER EMOTY (Address) Oal		d 1)		24. Was disasse or injury in any wey related to occupetion of deceased?  If so, specify
20.	FILEO 11/11/	37 Wel	jacka	, Registrar.	(Signadula) Aguaffagal Cagua

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DFC 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

SIA  1. PLACE OF DEATH	IE OF MARY	LAND—	CERTIFICATE OF DEAT	H 10955
County Han	ett.		Registration Dis	No 16/
Village or City Mean			No	St., Ward
Length of residence In city or to	own where death occurred		death occurred in a horpital or institution, give its NAME in:  ds. How long in U.S. if of foreign birth?	The state of the s
2. FULL NAME	ant Ria	lder !	him them provided the lease.	
(a) Residence: No.			St., Ward.	
PERCONAL AND C	(Usual place of a			city or town and State
3. SEX 4. COLOBYOR	TATISTICAL PARTICUL RACE   5. SINGLE, MARRIE		21. DATE OF DEATH	P DEATH
5a. If married, widowed, or divorced	OR DOVORCED (		(Month)	/ Z , 193 7 (Year)
HUSBAND of (or) WIFE of	0			et. 4 1937
6. DATE OF BIRTH (month, day, end y		-1880	l last saw h. 1 m alive on Oct. 4	, 13-32, ucaui is said
7. AGE Years		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at LIYPH The PRINCIPAL CAUSE OF DEATH and related causes o were as follows:	
8. Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER, Vain	u	acute myrrandins	Cd.1-3
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	IILL,		Malutation	1437
10. Date deceased last worked et this occupation (month and year)	11. Total time	n this	Charmy of Panes	ras 1936
12. BIRTHPLACE (city or town) 26.	ear Redhor	usey	Other Contributory Causes of importance:	
	P. 11	ma.	El planday reporta	7 1937
13. NAME  14. BIRTHPLACE (city or town)	Teur Rolling	110	Name of operation Exhlanding Figure	tumen of First
(State or country)		md.	What test confirmed diagnosis? Optimation	- Was there an autopsy?
15. MAIDEN NAME Cut	herine The	et	23. If death was due to external causes (VIOL ENCE) fill In	also the following:
15. MAIDEN NAME OUT  16. BIRTHPLACE (city or town)  (State or country)	neurRedho	use	Accident, suicide, or homicide? Date	of injury, 19
17. INFORMANT Description (Address) Orable	he Ridder	riai	Where did injury occur?  (Specify city or tow Specify whether Injury occurred in INDUSTRY, In HOME,	rn, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA		14,1937	Manner of injury	
19. UNDERTAKER (Address)	Sahwer		24. Was disease or injury in any wey related to occupation	of deceased? Zvo
20. FILED 10/14/1937	Elmer O.S.	halker	(Signed) Rulph Caland	rella M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1911	July 5,1927	Peritonitis	3 days ago	
SA PAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

		OF MAR	YLAND—		956		
1. PLACE O	117	1		32.00			
County	totoper			Registration Dist. No. /			
Village or (	City Lake F	ord Md.	CIF	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward		
Length of res	idence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.		
2. FULL NA	ME Besty	Lee Ril	Lev	If U. S. Veteran, specify WAR			
(a) Resider	nce: No. Lak	e Ford M		St. Ward.			
(4) 11001401	100.110.	(Usual place	e of abode)	If nonresident give city or town and State	e		
PERSON	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 平	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	.7		
		OK DIVOKE		1, 130	(Year)		
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced			22.   HEREBY CERTIFY, That I attended dece			
(or) WIFE of							
e DATE OF BIRTH	(month, day, end year)	Oct.1. 1	1936	i lest saw here elive on Oct 18 ,1937; de			
	ars Months	Days	If LESS than	to heve occurred on the date stated above, at 7:30Pm.Ma			
	1 0	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance			
8. Trede profe	ession or particular		ormin.		cf 2/		
kind of SAWYER	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc			Trumy sustantial of			
9. Industry or	business in which as done, as SILK MILL,				/		
3 SAW MI	LL, BANK, etc						
O   this occi	sed last worked at upetion (month and	sp	time (years) ent in this				
year)	1 4		cupation	Other Contributory Causes of importance:			
12. BIRTHPLACE (C	.,,	e Ford M	/d.	Malmutution			
(State or cou				- Molernal neglect.			
13. NAME	Troy Riley			<u> </u>			
	E (city or town)	Garrett	Co. Md.	Name of operation Date of			
(State 0	r country)	G 12 1		Whet test confirmed diagnosis? Wes there an autop	sy?		
当 15. MAIDEN NA		Guthrie		23. If death was due to external causes (VIOLENCE) fill in also the following:			
	E (city or town)	eston Co	ounty W.Va	Accident, suicide, or homicide? Date of injury	., 19		
≥ (State o	r country)			Where did injury occur?			
17. INFORMANT (Address)	Troy Rile		R.F.D 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
	TION, OR REMOVAL			Manner of injury			
Place Lal	ke Ford Md.	Date Oct.	. 22 ,1937	Neture of injury			
19. UNDERTAKER	0 7. Ca	eling	υüα,	24. Was disease or injury In any way related to occupation of deceased?	ì		
(Address)	2/34	The state of	0,04,	If so, specify AM Could and Could are the second and the second and the second are the second ar			
20. FILED	- 4/-, 19	des	Registrar.	(Signed) Angles, Summa (Address) Jerra alta Wa	M. D		
	If mor	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Chronic interstitial nephritis NOV 6 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago	
		the state of the s	41	
Other contributory causes of importance:	0-0-0-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH  County  Willage or City  Trecursous Presidence in city polymen where deeth occurred. Pres.  Ward  Length of residence in city polymen where deeth occurred. Pres.  (a) Residence: No.  **County Personal And Statistical Particulars  (a) Residence: No.  **County Personal And Statistical Particulars  (a) Residence: No.  **County Personal And Statistical Particulars  **PERSONAL AND STATISTICAL PARTICULARS  3. SEX  **County or RACE  OR DIVIDED (with the port)  O	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10957
Village or City Arienfacille 87 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. PLACE OF DEATH		(108)	
Village or City Ariestacial RT and Mark  Langth of residence in city of yown where death occurred in a hospital or institution, over an NAME instead of street and number)  4. How long in U. S. If of foreign birth? mas ds.  4. Residence: No	County La With		Registration Dist. No.	161
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc	Village or City Friendsville	R7. Stima		
(a) Residence: No.  **Months**   Ward.**   War	Length of residence in city potown where deeth	occurred A Pyrsmos		mosds.
(a) Residence: No.  **Months**   March   March	2. FULL NAME Sand	with Ru	If II. S. Veteran specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINCEL, MARRIED, WIDOWED OR DIVOKED (were the word)  SI II married, widowed, or divorced (Gor) Wife of SIA  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  J. AGE Years Months  Dass  II LESS than 1 day			0.0	,
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warie theyword)  5. SI married, widowed, or divorced HUSAND of (control waries)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trede/profession, or particular  9. Industry one document of the date stated obove, at	(a) nesidence. No.	(Usual place of abode)		town and State
OR DIVORCED Comite the word  OR DIVORCED Comite the word  Fight And Company of the Company of th	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
HUSBAND of (or) WIFE of SAL Washington Mills Mil	Temale White		October 16h	, 193_2
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, and not		I milla Rud		
7. AGE Years Months Days II LESS than 1 day, hrs. or min.  8. Trede/profession, or particular for min.  9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc. for min.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. for min.  10. Date deceased last worked at this occupation (month and year).  11. Date deceased last worked at this occupation (month and year).  12. BIRTHPLACE (city or town). (State or country)  13. NAME ACTIONNE (city or town).  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Outhorne for the following:  16. BIRTHPLACE (city or town). (State or country)  17. INFORMATION, OR REMOVAL Place.  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER AND A SPECIFY of the properties of injury.  19. UNDERTAKER AND A SPECIFY or the properties of injury in any way related to occupation of deceased? (Address)  15. O. specify was related to occupation of deceased? (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  11. Too a specify was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury.  19. UNDERTAKER (Address)	E DATE OF BIRTH (month day and year)	1015		
8. Trede profession, or particular or min.  8. Trede profession, or particular or min.  9. Indeptive profession which were as follows:  9. Indeptive possions in which were as follows:  9. Indeptive possions in which were as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Indeptive possions in which were as SILK MILL, SAW MILL, BARK, etc.  10. Date decased last worked at this occupation (month and securation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMAT  (State or country)  18. MAIDEN NAME  19. What test confirmed diagnosis?  Was there an eulopsy?  What test confirmed diagnosis?  What test confirmed country in a south of injury in any way related to occupation of decased?  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  15. Specify whether injury occurred in injury  Nature of injury.  Nature of injury  Nature of injury in any way related to occupation of decased?  24. Was disease or injury in any way related to occupation of decased?  25. Specify whether injury in any way related to occupation of decased?  26. Specify was disease or injury in any way related to occupation of decased?  27. Was disease or injury in any way related to occupation of decased?  28. Was disease or injury in any way related to occupation of decased?  28. Was disease or injury in any way related to occupation of decased?  29. Undertaker  (Address)				, 1 3 . 3 . 7 , dectii is soid
8. Treese/profession, or particular thin of work dome as SPINNER, Hards W. J. SAWYER, BOOKKEPER, etc. P. S. SAWYER, Etc. P. SAWYER, Etc. P. S. SAWYER, Etc. P.	77 -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importe	ence
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. DATE   19. DAT	8. Trede/profession, or particular kind of work done, as SPINNER,	y Wild	were as follows: Lober Lummonia	734
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. DATE   19. DAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK etc.	9		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  18. Specify or town town and state) Nature of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  15. Specify Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  15. Specify Nature of injury  16. Specify Nature of injury Nature of injury  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)		spent in this		
13. NAME   ACK   Continue   Con				0137
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Name of operation What test confirmed diagnosis? Was there an eulopsy? Und What test confirmed diagnosis? Was there an eulopsy? Und What test confirmed diagnosis? Was there an eulopsy? Und What test confirmed diagnosis? Was there an eulopsy? Und What test confirmed diagnosis? Was there an eulopsy? Und What test confirmed diagnosis?  Was there an eulopsy? Und What test confirmed diagnosis?  Was there an eulopsy? Und Accident, suicide, or homicide?  Obtained in jury Where did injury occurr?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury Nature of injury  19. UNDERTAKER (Address)		1.41-0		
What test confirmed diagnosis? Was there an eulopsy? 15  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or county)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)	H I I I I I I I I I I I I I I I I I I I	un our		
15. MAIDEN NAME Outhanne Pule 23. If death was due to external causes (VIOL ENCE) fill in also the following:  16. BIRTHPLACE (city or town)  (State or county)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. MAIDEN NAME  Outhanne  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  Address)  16. BURIAL CREMATION, OR REMOVAL  Place  17. INFORMANT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Namer of Injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. The county and State or injury occurry  19. UNDERTAKER  (Address)  10. The county and State or injury occurry  19. UNDERTAKER  (Address)  10. The county and State or injury occurry  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)	(State or country)			
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)		2/1/		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)	16. BIRTHPLACE (city or town) 774	()		
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Communication for the control of the control o	(State or country)	0	Where did injury occur?	w and State)
Place Blooming trose Date Bh 18, 193 Nature of injury  19. UNDERTAKER Address)  19. UNDERTAKER Address  19. UNDERTAKER ADDRESS		rille mi	Specify whether Injury occurred in INDUSTRY, in HOME, or in PL	JBLIC PLACE.
19. UNDERTAKER  A PARTICLE 19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	18. BURIAL, CREMATION, OR REMOVAL	11/11/1	Manner of Injury	
(Address) Frenches felle 210 If so, specify	Place / Tooming proces	ate 62 / 8 , 193	Nature of injury	
Vi C		ega t	- 0	ased? Aco
20 FILED Olef 18, 1937 Keannette Staller (Signed) M. D.	20 FILED Oct 18 1937 Year	meth Statler	(Signed) & Ouedrow	M. D.

V If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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of onset	The principal cause of death and related causes	Date of onset	
	of importance were as follows:		
915	Attack of epilepsy	1 week ago	
921	Run over by street car	1 week ago	
5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:  Gastroenteritis	1 year	
9	921 5,1927	Run over by street car 7,1927 Peritonitis  Other contributory causes of importance:	

	FURTHER STATEMENTS BY PH	
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MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK-THIS IS A PERMANENT RE	carefully supplied. AGE should be stated EXACTLY.	H in plain terms, so that it may be properly classified. Ex
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Every PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Village or City Crellin ND. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME Daniel Simon Shaffer If U. S. Veteran, specify WAR Crellin, Md. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) 0 /-Male White Widower (Month) 5e. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY\_Ihet I attended deceased from (or) WIFE of Ellen Anna Shaffer 6. DATE OF BIRTH (month, day, and year) Feb. 12. 1847 7. AGE Years Months Deys If LESS than to have occurred on the dete stated above, at ... 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance 28 90 or .... min. were es follows: Oate of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Retired farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked et 11. Total time (yeers) spent in this this occupation (month end occupation 12. BIRTHPLACE (city or town) Near Aurora, W. Va. (State or country) ER William Shaffer 13. NAME FATHE 14. BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diegnosis?\_\_\_\_\_ Was there en eulopsy?\_\_\_\_ MOTHER Rebecca Fries 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_\_ 16. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Oscar Shaffer. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT ... Crellin. Md. (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Alta. Date Oct. 13 1937 Neture of injury 19. UNDERTAKER Bolden Undertaking Co.. 24. Was diseese or injury in eny way releted to occupation of deceesed? Oakland, Md. (Address) If so, specify

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(Address) \_

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10962
1. PLACE OF DEATH	
County Garrett	Registration Dist. No. 172
Village or City Thomseler ma	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
5/10.000	ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Holle Chiveland	herfliss U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Śt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH //
Male (1) (1) OR DIVORCED (write the word)	Ver 19 193 31
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attanded deceased from
5 , 1 1 , 1 , 1	- Sept: 20, 1937, to UCL. 17, 193
6. DATE OF BIRTH (month, day, and yaar) Mar 14, 1886	I last saw h 1.21 alive on
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the data stated above, at
3/17 5 ormin.	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPPER atc	Order
SAWYER, BOOKKEEPER, etc.	Ceremy rumming
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Cashalist Poperanium 1936
10. Date deceased last worked at this occupation (month and spant in this	Cumile Admilistres 173
year) occupation 3_6	all Continue
12. BIRTHPLACE (city or town). Sarrette - Co	Other Contributory Canses of Importance:
(State or country) maryland	Chailentertitif neptrodes 1932
13. NAME It illiam Swan Sharpless	
14. BIRTHPLACE (city or town). January Co.	Name of operation Jouselle Ctury Date of Chilip. 25
(State of country)	What test confirmed diagnosis? Couplify full the was the an aulopsy? 1
15. MAIDEN NAME Jarah Fulmer	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) aced (State or country)	Accident, sulcida, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17 INFORMANT Shurples	(Specify city or town, county and State) Specify whathar injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address) Sits miller	y D.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place not government Date Web 20', 191)	Nature of Injury
19. UNDERTAKER Utha 7. Sharpless	24. Was disease or Injury In any way related to occupation of deceased?
(Addrass) Blance Alon	If s, spacify
20, FILED 19 20, 1937 ( & Barrich	(Signad) M. Caran dolla M.
Registrar.	(Address)

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
DEC 3 1937			
Other contributory causes of importance:	* 5500.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		1

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF D		OF MARY	YLAND-	CERTIFICATE OF DEATH
County Gar				Registration Dist. No.
	Oakland.	Md.		
			vrs mo	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
				If U. S. Veteran, specify WAR
(a) Residence: N	o. Oakland	. Md .		St., Ward.
		(Usual place o	f abode)	If nonsesident give city or town and State
	AND STATIST			MEDICAL CERTIFICATE OF DEATH
Male	olor or race White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  October, 29, 1937, 193  (Month) (Day) (Yeer)
5a. If married, widowed, or HUSBAND of On Ord WIFE Pierry		Sines		22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month			1000	I last saw helive on
7. AGE Yeers	Months	Days	1920	to have occurred on the date stated above, atm.
17	2	12	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession,	or perticular one, as SPINNER, IN KEEPER, etc.		1 01	Drowned in Youghiogheny River
kind of work d SAWYER, BOOK 9. Industry or busine work was done	KEEPER, etc.	armer		October, 29, 1937
9. Industry or busine work was done SAW MILL, BA	ss in which , as SILK MILL, NK etc			Body recovered on November, 10/37
10. Oate deceased last this occupation	worked at (month and	11. Total tin	ne (years) in this	No inquest necessary, body viewed by State Attorney Octated
12. BIRTHPLACE (city or to	wn Swalle	w Falls	Md.	Other Contributory Causes of importance:  Contributory Causes of importance:  Contributory Causes of importance:
(State or country) 监 13. NAME Perry		rett Cou	nty	- son, went out in a small boat to check of our their
			4=	trape set along the river loank, during a private of
14. BIRTHPLACE (city (State or count	or town) Garre	tt Count	Ţ	Name of operation seesy high tentine Oete of
15. MAIOEN NAME I	lary Cathe	erine Re	ame	What test confirmed diegnosis? Was there en eutopsy?
15. MAIOEN NAME 1 16. BIRTHPLACE (city (State or count	Swall	ow Falls	Md.	23. If death was due to external causes (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide? Occade Dete of injury Osta 29, 19.37_
State or count	(y) Garret	t County		Where did Injury occur? to Gong brog bone River Garnett C. A. m. 1
17. INFORMANT Nes	1 C. Fra	ley Stat	e Attor	Where did Injury occur? the Generalized Parent Tours and State?  (Specify they or town, county and State)  1 Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (A)		•		- Juldie place Raver
Turper-Sine	s Cemete	rybate 11-	12- 1037	Neture of injury. High water backs the boats into pieces.
	70 2 2	1	7	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 11/11/	, 19 37 Ju		wan	(Signed) Wear Mowar Joseph Legs
		blanks are needed ad	Registrar.	2411 N. (Parles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PERMANENT RE MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH should state OCCUPA-1. PLACE OF DEATH Garrett County Swanton Md-Village or City\_ Jo PHYSICIANS Length of residence in city or town where death occurred. JRD. Every statement Infant Switzer, 2. FULL NAME Swanton (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) male white stated EXACTLY Infant classified 5a. If married, widowad, or divorced Infant. HUSBAND of (or) WIFE of Oct I937 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars Days If LESS that 8. Trade, profession, or particular WITH UNFADING INK-THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ Infant AGE should be jo 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... See instructions on back it may 10. Data deceasad last worked at 11. Total time (yaars)
spent in this this occupation (month and that occupation \_\_\_\_\_ 80 12. BIRTHPLACE (city or town)\_ (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER William Switzer 13. NAME Swanton Md 14. BIRTHPLACE (city or town (Stata or country) mation should be carefully Freda C Rhodes MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) \_\_\_. (State or country Lester William Switzer 17. INFORMANT Swanton (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE rion is 19. UNDERTAKER L V. S. No. 1 B

	Registration Dist. No. 169	
(If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)	
mos.	ds. How long In U.S. if of foreign birth?yrsmos	is.
	If U.S. Veteran specify WAR	100
	St., Ward.  If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH Oct 25th 193 7 (Month) (Day) (Year)	
	22. 1 HEREBY CERT1FY. That I attended deceased fr. Oct 25 ,1937 ,to Oct 25 ,1937	7_
	Hast saw h_im_alive on QCt_25, 1937_; death is si	bld
ırs.	to have occurred on the date stated above, at	
	were as follows: Date of one	et .
	Congenital Debility Lived	Ĭ-
	Walformation of heart	
	hot	ır.
	Other Contributory Causes of Importance:	
	Name of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	
	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?	
	Where did Injury occur?	
	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
	Manner of injury	
/	Nature of injury	
	24. Was disaace or injury in any way related to occupation of deceased?	- = 0
	If so, specify (Signed)	D.
	(Address) 1 Control by M	υ.
-	// / / / / / / / / / / / / / / / / / / /	_

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Chronic interstitial nephritisms 8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
N. M.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V.S. No. 1 N. B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

STATE C	OF MARYLAND-	CERTIFICATE	OF DEAT	H	10960
1. PLACE OF DEATH		(RE)			
County Terret	L	ve@	Registration Di	st. No	0/
Village or City Drece	eleulend	No		St	Ward
Langth of rasidence in city or town whate		death occurred in a hospital or institutionds. How long in U.S. if o			
2. FULL NAME TOSI	will Enra	1-	specify WAR		
(a) Residence: No.		St. Ward.	opony mm.		
	(Usual place of abode)		If nonresident giv		
PERSONAL AND STATIST			ERTIFICATE	OF DEATH	
Dericel White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	(Month)	3 (Day)	, 193.7 (Yaar)
Sa. If marriad, widowad or divorced HUSBAND of (or) WIFE of Crawat 7	( walter	22. IHEREBY	CERTIFY		ed deceased from
``	11.124 10/19		, 19, to		
F. DATE OF BIRTH (month, day, and yaar)  7. AGE Yaars Months	Days If LESS than	to have occurred on the data state			; daath is said
70 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
8. Trade, profession, or particular		were as follows:	7 00 1	mun	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		accedent	The Day		
9. Industry or business in which work was dona, as SILK MILL,	Voiin	staring	Show	1-4	
SAW MILL, BANK, etc	11. Total time (yaars)	factures	20 och		
this occupetion (month and yaar)	spent in this occupation	Broken	100/		
12. BIRTHPLACE (city or town)	a	Other Contributory Causes of impo	ortance:		
(Stata or country)	1/- 1	-			
13. NAME COO	Tasky	-,			
(Stata or country)	Hgarteful.	Name of operation			
15. MAIDEN NAME	" his	What test confirmed diagnosis?			
	Manhered	23. If daath wes due to external car Accident, suicide, or homicide?			•
16. BIRTHPLACE (city or town) (Stata or country)	- gremma	Whare did injury occur?			
17. INFORMANT Herburg	+ Maller	Specify whether injury occurred i	(Specify city or to n INDUSTRY, in HOM!		
(Addrass) Hary	Inel.		·	1	
18. BURIAL, CREMATION, OR REMOVAL	14 1-1- 27	Manner of Injury fall	derin	Show	~~
Placa. Chilips Cerp	1 Date 04 5 , 193/	Nature of injury			
19. UNDERTAKER A A CE (Addiess) Once a ce	suche mo	24. Was disease or injury In any w	vey ralatad to occupati	on of daceased?_	
20. FILED Oct 4, 1937 Je	assuette Stal	(Signad) (Address)	endso	ele -	m. D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

***************************************		Example II	
Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
1915	Attack of epilepsy		1 week ago
1921	Run over by street car	100000000000000000000000000000000000000	1 week ago
July 5,1927	Peritonitis	A	3 days ago
3		OCT 13 1997	
May 1,1923	Other contributory ca	uses of importance:	1 year
	1915 1921 July 5,1927	of importance were a  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory ca	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

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1	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	TION is very important. See instructions on back of certificate.
	TE	n sh	E O	is v
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ... If U. S. Veteran, specify WAR (Usual piace of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) October Male White (Month) 5a. If merried, widowed, or divorced HUSBAND of Bertha Shockey White CERTIFY That I ettended deceesed from Dec. 23. 1913 last salead on arrival 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7:00 Am M. 7. AGE If LESS than Months Days I day, \_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance 23 or\_\_\_\_min. were\_as\_follows: Bullet wound 8. Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... Progects 11. Total time (yeers) 10. Date deceesed last worked et spent in this this occupation (month) and occupation \_\_\_\_ 12. BIRTHPLACE (city or town) Garrett Co., Md. (State or country) Lewis White FATHER 13. NAME Neme of operation\_\_\_\_ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis Phys. exam. Wes there an autopsy NO 15. MAIDEN NAME Alice Harvey OTHER 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide Suicide Date of injury Oct. 16. BIRTHPLACE (city or town) - Garrett Co., Where did injury occur? Deer Park, RFD. (Specify city or town, county and State) Shockey White Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT On farm (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Shot With rifle Nature of injury Bullet wound in head. Leighton Herbert 24. Was disease or injury in eny way related to occupation of deceased?\_\_ 19. UNDERTAKER (Address) If so, specify Md Oakland Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6			
	1		
Other contributory causes of importance:		Other contributory causes of importance:	79.5
Gallstones	May 1,1923	Gastroenteritis	1 year

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